

Communication Studies Department

Summer Internship Application (CMM298)

Please complete the information requested below and drop off to Tim Clukey in Yokum 111-A (with a copy of your Degree Works Profile printout).

Date: _____

Name: _____ Student ID #: _____

Address: _____

Phone: _____ Email: _____

Your Major(s) : _____

Your Major GPA: _____ (2.5 minimum required)

Your Overall GPA: _____

Internship Agency Information:

Company Name: _____ Department (if applicable): _____

Site Supervisor Name: _____ Email: _____

Site Address (during placement): _____

Date approved by the agency: _____ Start Date: _____

Student Signature: _____

OFFICE USE ONLY

___ Agency Supervisor Contacted ___ Learning Agreement Completed/Attached

Site requires student liability insurance: Yes No

Insurance complete: Yes n/a

Course # : CMM 298 Faculty Supervisor: _____

Signatures:

Internship Coordinator: _____ Date: _____

Academic Advisor: _____ Date: _____

Dept. Chairperson: _____ Date: _____